



2018 PET LOVER'S GRANT PROJECT

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SECTION I: APPLICANT DETAILS

Name of Organization

Address

City, State, Zip Code

Phone Number

Website

Select the organization type that correctly reflects the nature of the applicant organization:

- ☐ City, County, or Tribal Agency
- ☐ Non-profit Agency Holding Municipal Contracts
- ☐ Non-profit Agency (Only eligible where municipal spay/neuter services are NOT provided)
- ☐ Other: _____

SECTION II: PROJECT MANAGEMENT

Name

Title

Phone Number

Email Address

SECTION III: PROPOSAL SUMMARY

Briefly describe the project for which you are requesting funds:

Grant Funds Requested: \$ _____ *must match funds requested on budget narrative

Funding Categories: Select all that apply

- ☐ In-House Spay/Neuter Services for Publicly Owned Animals
- ☐ Mobile Spay/Neuter Clinic for Publicly Owned Animals
- ☐ Voucher Program for Shelter Animals (Adopters receive a voucher to be used to spay/neuter their newly adopted pet)
- ☐ Voucher Program for Owned Animals (Redeemable at participating veterinarians)
- ☐ Feral Cat/TNR Program
- ☐ Voucher Program for Owned Animals (Redeemable at participating veterinarians)

SECTION IV: AUTHORIZATION

Printed Name: _____

Title: _____

Authorized Signature: _____

Date: _____